

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		19	62900
FORMALITY REVIEW	AT	829	07/24/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	✓ 07-24-00
2	0 ✓ 7-24-00
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12	0 ✓
13	✓ ✓
14	0 A
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17	0 0
18	✓ ✓
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24	✓ ✓
25	0 0
26	✓
27	0
28	✓
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Claim	Date
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Claim	Date
Final	Original
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here